

FEB 08 2007

001/010

02/08/2007 17:27 FAX 617 951 7050

ROPES GRAY

FAX TRANSMISSION**DATE:** February 8, 2007**PTO IDENTIFIER:** Application Number 09/423037
Patent Number**Inventor:** Heery et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** FISH & NEAVE IP GROUP
ROPES & GRAY LLP

David P. Halstead, Ph.D.

PHONE: (617) 951-7615**Attorney Dkt. #:** ASZD-P01-228**PAGES (Including Cover Sheet):** 10**CONTENTS:** Fee Transmittal (1 page)
Three Month Petition for Extension of Time Under 37 CFR 1.136(a) (1 page)
Response to Non-Final Office Action (7 pages)
This Facsimile Cover Sheet (1 page)
Charge \$1,020.00 to deposit account 18-1945

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PTO/SB/17 (07-06)

Approved for use through 01/31/2007. OMB 0651-0032

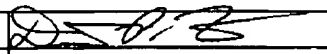
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date	
		First Named Inventor	
		Examiner Name	
		Art Unit	
TOTAL AMOUNT OF PAYMENT (\$)		1,020.00	
Attorney Docket No.		ASZD-P01-228	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>18-1945</u> Deposit Account Name: <u>Fish & Neave IP Group, Ropes & Gray LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)													
Utility	300	150	500	250	200	100													
Design	200	100	100	50	130	65													
Plant	200	100	300	150	160	80													
Reissue	300	150	500	250	600	300													
Provisional	200	100	0	0	0	0													
2. EXCESS CLAIM FEES																			
Fee Description							Small Entity Fee (\$)												
Each claim over 20 (including Reissues)							50												
Each independent claim over 3 (including Reissues)							200												
Multiple dependent claims							360												
<table border="0" style="width: 100%;"> <tr> <td><u>Total Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td><u>Multiple Dependent Claims Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>-</td> <td>=</td> <td>x</td> <td>=</td> <td></td> <td></td> </tr> </table>							<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims Fee (\$)</u>	<u>Fee Paid (\$)</u>	-	=	x	=			
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims Fee (\$)</u>	<u>Fee Paid (\$)</u>														
-	=	x	=																
HP = highest number of total claims paid for, if greater than 20.																			
<table border="0" style="width: 100%;"> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>-</td> <td>=</td> <td>x</td> <td>=</td> </tr> </table>							<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	-	=	x	=					
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-	=	x	=																
HP = highest number of independent claims paid for, if greater than 3.																			
3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table border="0" style="width: 100%;"> <tr> <td><u>Total Sheets</u></td> <td><u>Extra Sheets</u></td> <td><u>Number of each additional 50 or fraction thereof</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td>- 100 =</td> <td>/50</td> <td>(round up to a whole number) x</td> <td></td> <td></td> </tr> </table>								<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	- 100 =	/50	(round up to a whole number) x				
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>															
- 100 =	/50	(round up to a whole number) x																	
4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): 1253 Extension for response within third month							1,020.00												

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,735
Name (Print/Type)	David P. Halstead	Telephone	(617) 951-7615
		Date	February 8, 2007

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.	
Dated: <u>02/08/07</u>	Signature: <u>Scott Whittemore</u> (Scott Whittemore)

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